

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	1					
4	1					
5	1					
6	3					
7	3					
8	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	9	←	→	←	→	←
TOTAL CLAIMS	12	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		←	→	←	→	←
TOTAL CLAIMS		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]